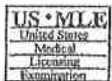


Exhibit 24

MEDICAL LICENSING EXAMINATION™ (USMLE)
STEP 1 AND/OR STEP 2 APPLICATION

FOR INTERNATIONAL MEDICAL STUDENTS/GRADUATES REGISTERED BY
THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES
 TELEPHONE: (215) 386-5900 INTERNET: www.ecfmg.org

MAILING INSTRUCTIONS:

via regular mail to:
Educational Commission for Foreign Medical Graduates
PO.Box 820992
Philadelphia, PA 19182-0992 USA

via courier service to:

ECFMG
c/o PNC Lockbox 820992
Route 38 & Eastgate Drive
Moorestown, NJ 08057 USA

NOTE: All items on all pages of the application must be filled out completely for initial and reexamination or application will be rejected.
Use typewriter or print carefully in ink using uppercase letters.

PART A — BIOGRAPHICAL INFORMATION

1. ECFMG® EXAMINATION HISTORY:

Have you ever submitted an application to ECFMG for any examination, even if you did not take the examination? ☐ Yes ☒ No

If yes, complete either 1.A or 1.B:

1.A Enter your USMLE/ECFMG Identification Number: - - -

1.B Check here if you do not know your number. ☐

2. NAME:

First Name: CHARLES Middle Name: UGBERAESE

[illegible]

2.1 PREVIOUS/MAIDEN NAME:

First Name		Middle Name	
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[illegible]

2.2 NAME ON MEDICAL DIPLOMA (Pertains to graduates only)

First Name: CHARLES Middle Name: UGBERAESE

OLUWAFEMI

Last Name (Surname/Family Name)

Note: See Instructions if this name is different from the name you entered in item 2.

3. CONTACT INFORMATION:

[illegible]

Address Continued

City (Include Postal Code as required for non-USA/non-Canadian address.)

State/Province

Zip/Postal Code: 20879
Country: USA

Country Code:
 City/Area Code:
 Telephone Number:
 FAX City/Area Code:
 Fax Number:

E-MAIL ADDRESS: (PRINT CLEARLY) Charlesoluwafermi@a.Hotmail.Com

4. U.S. SOCIAL SECURITY AND/OR NATIONAL IDENTIFICATION NUMBERS:

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

U.S. Social Security Number

National Identification Number

Country

5. BIRTHDATE/BIRTHPLACE:

Day Month Year Location: City: Province: Country:

8. GENDER: ☒ Male ☐ Female

7. NATIVE LANGUAGE: YORUBA

APPLICATION FORM 1049-W, August 2001

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ECFMG-000116

ECFMG_RUSS_0000116

Name: OLUWAFEMI CHARLES UGBERUES Enter your USMLE/ECFMG Identification Number, if one has been assigned to you: 0000-0000-0000
(Last, First, Middle - as entered in item 2)

PART C --- MEDICAL EDUCATION, LICENSURE AND EMPLOYMENT INFORMATION

15. MEDICAL SCHOOL NAME AND ADDRESS:

List the exact name and address of the medical school from which you graduated or expect to graduate.

Official Name of Medical School UNIVERSITY OF IBADAN
Street Address ORITA MEFA
City IBADAN State/Province OSUN Postal Code
Country NIGERIA University Name (if applicable)

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15.1 MEDICAL SCHOOL INFORMATION:

■ Attendance Dates: From 06/1991 to 06/1996 ■ Number of Years Attended: 5 years
MONTH YEAR MONTH YEAR
■ Date you graduated (or expect to graduate): 06/1996
MONTH YEAR
■ Date your medical diploma was issued (or is expected to be issued): 06/1996
MONTH YEAR
■ Title of Medical Degree you received or will receive MB. BS
Refer to the "Reference Guide for Medical Education Credentials" on pages 45-48 of the 2002 Information Booklet for the list of medical degrees required by ECFMG.

15.2 STATUS OF MEDICAL SCHOOL STUDENT — Must be completed by all students:

■ If you are applying for Step 1, will you have completed 2 years of medical school by the beginning of your requested eligibility period (see PART B, 11.1) and are you now officially enrolled and will you be officially enrolled at the time you take the exam? Check yes or no: ☒ Yes ☐ No
■ If you are applying for Step 2, will you be within 12 months of completion of the formal didactic curriculum at your medical school by the beginning of your requested eligibility period (see PART B, 12.1) and are you now officially enrolled and will you be officially enrolled at the time you take the exam? Check yes or no: ☒ Yes ☐ No

15.3 MEDICAL SCHOOL DIPLOMA — Must be completed by all graduates: If you have graduated from medical school, you must include one photocopy of your medical diploma if you have not sent one previously. If you graduated from medical school but your medical diploma has not yet been issued, you must submit with your application a letter signed by your Medical School Dean, Vice Dean or Registrar that confirms you graduated from medical school, have met all requirements to receive your medical diploma and states the date your medical diploma will be issued. Additionally, the name on your medical diploma must match the name you entered in Item 2. If the name on your medical diploma is different from the name you entered in Item 2, you must submit legal documentation that verifies the name on your diploma is/was your name. (See "Provision of Credentials and Translations" on page 34 of the 2002 Information Booklet.)

Graduates must check one:

☒ I have graduated from medical school and am enclosing one photocopy of my medical diploma.
☐ I have graduated from medical school and have previously submitted to ECFMG one photocopy of my medical diploma.
☐ I have graduated from medical school, but my medical diploma has not yet been issued. I am enclosing a letter from my medical school that confirms I graduated, have met the requirements to receive my medical diploma and states the date my medical diploma will be issued.

Note: ECFMG requires a copy of the original language medical diploma or letter from the medical school. If the medical diploma is not in English, you must also submit an official English translation. Your application will be rejected if you graduated from medical school and have not submitted a photocopy of your medical diploma or a letter from your medical school that confirms your graduation (as described above).

16. OTHER MEDICAL SCHOOL(S) ATTENDED — Continue on a separate sheet of paper, if necessary:

List the names, addresses and dates of attendance of all other medical schools you attended.

Official Name of Medical School NA
Street Address
City State/Province Postal Code
Country University Name (if applicable)
Attendance Dates: From 1 MONTH 1 YEAR to 1 MONTH 1 YEAR

16.1 TRANSFER CREDITS:

Did you transfer academic credits from any school(s) to the medical school that conferred or will confer your medical degree? ☐ Yes ☐ No
If Yes, indicate on a separate sheet of paper the name of the school(s) from which the credits were transferred, the number of credits transferred and the course titles for all credits transferred.

17. MEDICAL LICENSURE:

Date you received an unrestricted license or certificate of full registration to practice medicine: 10/1998
MONTH YEAR
Country or state in which you are licensed: NIGERIA

18. EMPLOYMENT:

Institution/Company	Position(s)	Dates
<u>GENERAL HOSPITAL</u>	<u>MEDICAL OFFICER</u>	<u>DEC-1998 - JAN</u>
<u>45 ILDE ST</u>		
<u>ITA OSUN ILE-IFE NIGERIA</u>		

PART C CONTINUES ON PAGE 6.

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ECFMG-000118

ECFMG_RUSS_0000118

Name: DLUWAFEMI CHARLES UGBERAESE Enter your USMLE/ECFMG Identification Number, if one has been assigned to you: -----

(Last, First, Middle - as entered in Item 2)

PART C — MEDICAL EDUCATION, LICENSURE AND EMPLOYMENT INFORMATION (Continued)

19. CERTIFICATION BY APPLICANT: Students and graduates must sign the application in the presence of their Medical School Dean, Vice Dean or Registrar. (See 19.2.A below.)

If a graduate cannot sign the application form in the presence of a medical school official noted above, he/she must sign the application form in the presence of a Consular Official, First Class Magistrate or Notary Public (See 19.2.B below) and must explain in writing why the application form could not be signed in the presence of a medical school official. (See 19.2.B.1 below.) Application forms are to be mailed to ECFMG from the office of the official or notary who witnesses the applicant's signature. All information on the application form is subject to verification and acceptance by the Educational Commission for Foreign Medical Graduates.

I hereby certify that I currently meet the examination eligibility requirements and that the information in this application is true and accurate to the best of my knowledge and that the photographs enclosed were taken within 6 months of the date of this application.

I also certify and acknowledge that I have read the appropriate edition (that which pertains to the eligibility period for which I am registering [PART B, 11.1 and 12.1]), of the ECFMG Information Booklet and USMLE Bulletin of Information, am aware of the contents of both publications, meet the eligibility requirements set therein and agree to abide by the policies and procedures therein.

I understand that (1) falsification of this application, or (2) the submission of any falsified documents to ECFMG, or (3) the submission of any falsified ECFMG documents to other agencies, or (4) the giving or receiving of aid in the examination as evidenced either by observation at the time of the examination or by statistical analysis of my answers and those of one or more other participants in that examination, or engaging in other conduct that subverts or attempts to subvert the examination process, may be sufficient cause for ECFMG to bar me from the examination, to terminate my participation in the examination, to withhold and/or invalidate the results of my examination, to withhold a certificate, to revoke a certificate, or to take other appropriate action. (See page 24 of the 2002 Information Booklet for additional details concerning Validity of Scores and Irregular Behavior.)

I understand that the Standard ECFMG Certificate and any and all copies thereof remain the property of ECFMG and must be returned to ECFMG if ECFMG determines that the holder of the Certificate was not eligible to receive it or that it was otherwise issued in error.

I hereby authorize the Educational Commission for Foreign Medical Graduates to transmit any information contained in this application, or information that may otherwise become available to ECFMG, to any federal, state or local governmental department or agency, to any hospital or to any other organization or individual who, in the judgment of ECFMG, has a legitimate interest in such information.

Signature of Applicant (In Latin Characters) Charles Dluwafemi
(Signature must match full legal name as given in PART A-2.)



Seal or stamp of official must cover a part of attached photo and a part of application form.

13 03 2002
Day Month Year

19.2.A CERTIFICATION BY MEDICAL SCHOOL OFFICIAL (Must be completed for medical school students):

I hereby certify that the photograph, signature, and information entered in all parts of Section 15 of this form, including medical school and attendance dates, accurately apply to the individual named above, and that this individual is: (must check one) ☐ officially enrolled in or ☐ a graduate of the institution indicated below. I have affixed the medical school seal or stamp over a portion of the photograph above.

Signature of Medical School Official (In Latin Characters) X

Day Month Year

OR Print Name and Official Title (In Latin Characters with English translation, where applicable.) Institution

19.2.B CERTIFICATION BY IDENTIFICATION WITH EXPLANATION (Pertains to graduates only):

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements in this document are subscribed and sworn to before me by the applicant on this 13 day, of the month of MARCH, in the year 2002.

X Tony Mepel
Signature of Consular Official, First Class Magistrate, Notary Public (In Latin Characters with English translation, where applicable.)

Official Title

19.2.B.1 EXPLANATION (Pertains to graduates only) — Explain in the space below why the application could not be signed in the presence of your Medical School Dean, Vice Dean or Registrar. This explanation must be acceptable to ECFMG and must be provided each time you submit an application to ECFMG or your application will be rejected.

Non guaranteed mailing system.

USMLE
2002

20. CLINICAL CLERKSHIPS — Continue on a separate sheet of paper, if necessary:

Clinical Discipline	Hospital/Clinic	Location (exact address)	Supervising Physician	Dates of Clerkship
<u>SURGERY</u>	<u>GEN. HOSP ILE - IFE</u>		<u>DR AFELOMO</u>	<u>8/96 - 11/96</u>
<u>MEDICINE</u>	<u>GEN. HOSP. ILE - IFE</u>		<u>DR TEMITOPF</u>	<u>12/96 - 3/97</u>
<u>OB/GYN/PED.</u>	<u>GEN. HOSP ILE - IFE</u>		<u>DR NICKU / DR AB1</u>	<u>4/97 - 7/97</u>
				<u>8/97 - 12/97</u>

PART D — OTHER EXAM HISTORY AND APPLICANT NUMBERS

21. OTHER EXAM HISTORY and APPLICANT NUMBERS:

Check below the organizations (other than ECFMG) to which you previously applied for examinations. Enter the date of the most recent examination that was administered to you and the identification number that was assigned to you by that organization.

<input type="checkbox"/> NATIONAL BOARD OF MEDICAL EXAMINERS	Applicant Identification Number: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Most Recent Examination Taken: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Applicant Identification Number: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Most Recent Examination Taken: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<input type="checkbox"/> STATE LICENSING AUTHORITY IN THE UNITED STATES	FIN - Federation Identification Number: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Most Recent Examination Taken: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>